

# **EXHIBIT 1**

### PARENT/GUARDIAN STATEMENT

9. [REDACTED]

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was divided into two subgroups: the control group (CG) and the control group (CG). The EG was divided into two subgroups: the experimental group (EG) and the experimental group (EG). The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was divided into two subgroups: the control group (CG) and the control group (CG). The EG was divided into two subgroups: the experimental group (EG) and the experimental group (EG).

\_\_\_\_\_

shulamith

This form is for your use in applying for a religious exemption to Public Health Law immunization requirements for your child. Its purpose is to establish the religious basis for your request since the State permits exemptions on the basis of a sincere religious belief. Philosophical, political, scientific, or sociological objections to immunization do not justify an exemption under Department of Health regulation 10 NYCRR, Section 66-1.3 (d), which requires the submission of:

A written and signed statement from the parent, parents, or guardian of such child, stating that the parent, parents or guardian objects to their child's immunization due to sincere and genuine religious beliefs which prohibit the immunization of their child in which case the principal or person in charge may require supporting documents.

In the area provided below, please write your statement. The statement **must** address **all** of the following elements:

- Explain in your own words why you are requesting this religious exemption.
- Describe the religious principles that guide your objection to immunization.
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.

You may attach to this form additional written pages or other supporting materials if you so choose. Examples of such materials are listed on page 3.

Examples of such materials are listed on page 3.

In compliance with NYS laws I am writing this letter on behalf of my daughter [REDACTED], age 3, who is attending kindergarten full time. I herewith submit written statement requesting that she be excused from any immunization requirements and other invasive procedures because we hold personal religious beliefs which are inconsistent with these medical procedures. The practice of vaccination is contrary to our beliefs and values.


Please continue your statement on page 2

Please continue your statement on page 2

violate our religious principles.  
 By declaring these convictions and presenting them in writing to you, I am complying with the immunization exemption provisions of NYS Public Health Law 2164, paragraph 9 which pertains to both public and private institutions.  
 My daughter has been extremely healthy and we will not hold any individual liable in the event she may become infected with, or ill from any infectious disease.

Please sign in the space provided below and have the document notarized by a notary public where indicated.

I hereby affirm the truthfulness of the forgoing statement and have received and reviewed the informational immunization materials provided to me by my child's school.

Signature of Parent/Guardian  Date 11/14/12

Sworn to before me this 14 day of Nov 2012

Mary Lou Hessler

Notary Public Seal

MARY LOU HESSLER  
 NOTARY PUBLIC, STATE OF NEW YORK  
 QUALIFIED IN QUEEN'S COUNTY  
 NO. 0116423064  
 MY COMMISSION EXPIRES 5/31/2014

You will be notified in writing of the outcome of this request. Please note that if your request for an exemption is denied, you may appeal the denial to the Commissioner of Education within thirty (30) days of the decision, pursuant to Education Law, Section 310.

AA

**SAMPLE REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM**  
**PARENT/GUARDIAN STATEMENT**

Name of Student \_\_\_\_\_

Identification Number \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

School District and Building Name Shulamith

This form is for your use in applying for a religious exemption to Public Health Law immunization requirements for your child. Its purpose is to establish the religious basis for your request since the State permits exemptions on the basis of a sincere religious belief. Philosophical, political, scientific, or sociological objections to immunization do not justify an exemption under Department of Health regulation 10 NYCRR, Section 66-1.3 (d), which requires the submission of:

A written and signed statement from the parent, parents, or guardian of such child, stating that the parent, parents or guardian objects to their child's immunization due to sincere and genuine religious beliefs which prohibit the immunization of their child in which case the principal or person in charge may require supporting documents.

In the area provided below, please write your statement. The statement must address all of the following elements:

- Explain in your own words why you are requesting this religious exemption.
- Describe the religious principles that guide your objection to immunization.
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.

You may attach to this form additional written pages or other supporting materials if you so choose. Examples of such materials are listed on page 3.

*In compliance of NYS law I am writing this letter in behalf of my daughter, [redacted], age 4, who is attending Shulamith Field House. I herewith submit written statement requesting that she be exempted from any immunization requirements and other invasive medical procedures, because the practice of vaccination is contrary to our beliefs and would violate our religious principles. By declaring these convictions and principles.*

Please continue your statement on page 2

Page 1 of 4

March 2006

*ie. hold personal religious beliefs which are inconsistent with these medical procedures.*

presenting them in writing to you, I am complying with the immunization exemption provisions of NYS Public Health Law 2164, paragraph 9, which pertains to both public and private institutions. My daughter has been extremely healthy and we will not hold any individual or institution liable in the event she may become infected with, or ill from any infectious disease.

Please sign in the space provided below and have the document notarized by a notary public where indicated.

I hereby affirm the truthfulness of the forgoing statement and have received and reviewed the informational immunization information provided to me by my child's school.



Date

11/14/12

Sworn to before me this

14

day of

Nov. 2012

Mary Lou Hessler

Notary Public Seal

MARY LOU HESSLER  
NOTARY PUBLIC STATE OF NEW YORK  
QUALIFIED IN QUEEN'S COUNTY  
EXP. DATE 05/31/2014  
MY COMMISSION EXPIRES 5/31/2014

You will be notified in writing of the outcome of this request. Please note that if your request for an exemption is denied, you may appeal the denial to the Commissioner of Education within thirty (30) days of the decision, pursuant to Education Law, Section 310.